

TOBACCO FAMILY HISTORY ASSESSMENT MODULE

INFORMANT'S ID: _____
 DATE: ____/____/____

PHASE 1 _____
 PHASE 2 _____

I. I'd like to know about the (smoking/tobacco use habits) of your relatives. (SHOW CARD) Please look at the category under "I". Which description best describes your(RELATIVE'S) (smoking/tobacco use) habits during (his/her) lifetime? (SHOW CARD) CODE IN COL. A. NOTE: IF RELATIVE DECEASED, ASK R. TO RESPOND ABOUT SMOKING WHEN ALIVE. ASK R. ABOUT TOBACCO FORM THAT RELATIVE USED MOST FREQUENTLY.

	A	B	C	UNITS			
ID #	<u>Smoking</u>	<u>Frequency</u>	<u>Quantity</u>	<u>Cigs</u>	<u>Cigar</u>	<u>Pipe</u>	<u>Snuff</u>
Spouse/Mate/Partner #1	_____	_____	_____	1	2	3	4
Spouse/Mate/Partner #2	_____	_____	_____	1	2	3	4
Biological Mother	_____	_____	_____	1	2	3	4
Biological Father	_____	_____	_____	1	2	3	4
Step Mother	_____	_____	_____	1	2	3	4
Step Father	_____	_____	_____	1	2	3	4
Brother 1	_____	_____	_____	1	2	3	4
Brother 2	_____	_____	_____	1	2	3	4
Brother 3	_____	_____	_____	1	2	3	4
Brother 4	_____	_____	_____	1	2	3	4
Brother 5	_____	_____	_____	1	2	3	4
Sister 1	_____	_____	_____	1	2	3	4
Sister 2	_____	_____	_____	1	2	3	4
Sister 3	_____	_____	_____	1	2	3	4
Sister 4	_____	_____	_____	1	2	3	4
Sister 5	_____	_____	_____	1	2	3	4
Child 1	_____	_____	_____	1	2	3	4
Child 2	_____	_____	_____	1	2	3	4
Child 3	_____	_____	_____	1	2	3	4
Child 4	_____	_____	_____	1	2	3	4
Child 5	_____	_____	_____	1	2	3	4

II. Please look at categories under II. Which category best describes how often your (RELATIVE) (smokes/smoked/used tobacco) on average over (his/her) lifetime when (he/she) was smoking? Please give me the letter. CODE IN COL. B.

III. Please look at categories under III. Which letter describes your (RELATIVE'S) average daily amount of tobacco when (he/she) was (smoking/using tobacco)? Please give me the letter. CODE IN COL. C. Was this cigarettes, cigars, pipefuls or pouches or chews? CIRCLE UNIT.

I

Never smoked or used tobacco regularly	A
Used to smoke or use but quit successfully	B
Current smoker or user/continued to smoke or use	C

II

Everyday or nearly everyday	D
Once or twice a week	E
Less often	F

III

Smoked 1 - 5 per day	G
6 - 10 per day	H
11 - 20 per day	I
21 - 40 per day	J
More than 40 per day	K